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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM  Title  Art Unit 1615 Examiner Name 1. Ghali Attornoy Docket No. 102258.121 US3  I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint:  X Practitioners associated with the Customer Number: 25270  OR Practitioner(s) named below:  Name Registration Number Name Registration Number Name Registration Number Number.  The address associated with the above-mentioned Customer Number:  OR The address associated with the above-mentioned Customer Number:  OR The address associated with Customer Number:  OR The address associated with Customer Number:  OR The address associated with Customer Number:  OR Address City Country Telephone Email  I am the:  X Applicant/Inventor.  Assignee of record of the entire Interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/8)  SIGNATURE of Applicant or Assignee of Record  Signature Lordon Letts, Ph. D. Telephone 781-266-4187  Title and Company Senior VP R &D Chief Scientific Officer	POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM  I the service of Nitric Oxide Adducts Title  Art Unit 1615 Examiner Name 1. Ghali Attrony Docket No. 102258.121 US3  I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint:    x				Applicat	on Number	10/646	,713		
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